

Best Available Copy

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | J.L. | | 9/28/44 |
| O.I.P.E. CLASSIFIER | | 25 | 09-30-45 |
| FORMALITY REVIEW | MMB | 48231 | 10/8/49 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 (Through numeral) ... Canceled A Appeal
 - Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
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| 29 | ✓ | ✓ | ✓ |
| 30 | ✓ | ✓ | ✓ |
| 31 | ✓ | ✓ | ✓ |
| 32 | ✓ | ✓ | ✓ |
| 33 | ✓ | ✓ | ✓ |
| 34 | ✓ | ✓ | ✓ |
| 35 | ✓ | ✓ | ✓ |
| 36 | ✓ | ✓ | ✓ |
| 37 | ✓ | ✓ | ✓ |
| 38 | ✓ | ✓ | ✓ |
| 39 | ✓ | ✓ | ✓ |
| 40 | ✓ | ✓ | ✓ |
| 41 | ✓ | ✓ | ✓ |
| 42 | ✓ | ✓ | ✓ |
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| 45 | ✓ | ✓ | ✓ |
| 46 | ✓ | ✓ | ✓ |
| 47 | ✓ | ✓ | ✓ |
| 48 | ✓ | ✓ | ✓ |
| 49 | ✓ | ✓ | ✓ |
| 50 | ✓ | ✓ | ✓ |

| Claim | Final | Original | Date |
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| 51 | ✓ | ✓ | ✓ |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

(LEFT INSIDE)